

PROJECT 10073 RECORD CARD

1. DATE 5 Dec 1963		2. LOCATION Congers, N.Y.		12. CONCLUSIONS <input type="checkbox"/> Was Balloon <input type="checkbox"/> Probably Balloon <input type="checkbox"/> Possibly Balloon <input checked="" type="checkbox"/> Was Aircraft <input type="checkbox"/> Probably Aircraft <input type="checkbox"/> Possibly Aircraft <input type="checkbox"/> Was Astronomical <input type="checkbox"/> Probably Astronomical <input type="checkbox"/> Possibly Astronomical <input checked="" type="checkbox"/> Other <i>Unidentified Rpt</i> <input type="checkbox"/> Insufficient Data for Evaluation <input type="checkbox"/> Unknown	
3. DATE-TIME GROUP Local <u>0726</u> GMT <u>05/1226Z</u>		4. TYPE OF OBSERVATION <input checked="" type="checkbox"/> Ground-Visual <input type="checkbox"/> Air-Visual <input type="checkbox"/> Ground-Radar <input type="checkbox"/> Air-Intercept Radar			
5. PHOTOS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		6. SOURCE Civilian (Pilot)			
7. LENGTH OF OBSERVATION 30 seconds		8. NUMBER OF OBJECTS 1		9. COURSE SSE	
10. BRIEF SUMMARY OF SIGHTING Solid object, orange shaply outlined observed to fly behind mountain. No sound. Observed from school bus on way to school. Elevation indicated as 90 deg. Object moved from S to SE. Observer 12 yrs old. Requested form on 10/25/62 October 25, 1962. Finally saw something on 5 Dec 1963.				11. COMMENTS Probable a/c sighting, however, there are inconsistencies in report, since object could not be observed initially at 90 deg. Also only one additional witness. Sent for form prior to sighting.	

34. Date you completed this questionnaire:

6
Day

12
Month

1962
Year

35. Information which you feel pertinent and which is not adequately covered in the specific points of the questionnaire or a narrative explanation of your sighting.

2
[REDACTED]
Congers, New York
October 25, 1963 7:00AM

Dear Sirs:

Could you please
send me more information
on UFO's? And also a UFO
questionnaire, (US Air Force
Technical Information
Sheet)

Thank you
[REDACTED]

17.1

Handwritten text, possibly a signature or name, followed by "D.C."

U.S. AIR FORCE TECHNICAL INFORMATION

This questionnaire has been prepared so that you can give the U.S. Air Force as much information as possible concerning the unidentified aerial phenomenon that you have observed. Please try to answer as many questions as you possibly can. The information that you give will be used for research purposes. Your name will not be used in connection with any statements, conclusions, or publications without your permission. We request this personal information so that if it is deemed necessary, we may contact you for further details.

<p>1. When did you see the object?</p> <p style="text-align: center;"> <u>5</u> <u>12</u> <u>63</u> Day Month Year </p>	<p>2. Time of day: <u>17</u> <u>26</u> Hour Minutes</p> <p>(Circle One): A.M. or P.M.</p>
<p>3. Time Zone:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> (Circle One): a. Eastern b. Central c. Mountain d. Pacific e. Other _____ </div> <div style="width: 45%;"> (Circle One): a. Daylight Saving b. Standard </div> </div>	
<p>4. Where were you when you saw the object?</p> <p style="text-align: center;"> <u>Longers</u> <u>Conners</u> <u>My Rock</u> <small>Nearest Postal Address City or Town State or County</small> </p>	
<p>5. How long was object in sight? (Total Duration) _____ Hours Minutes Seconds</p> <p style="text-align: center;"> a. Certain c. Not very sure b. Fairly certain d. Just a guess </p> <p>5.1 How was time in sight determined? <u>watch</u></p> <p>5.2 Was object in sight continuously? Yes <input checked="" type="checkbox"/> No _____</p>	
<p>6. What was the condition of the sky?</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> DAY a. Bright b. Cloudy </div> <div style="width: 45%;"> NIGHT a. Bright b. Cloudy </div> </div>	
<p>7. IF you saw the object during DAYLIGHT, where was the SUN located as you looked at the object?</p> <p>(Circle One): a. In front of you d. To your left b. In back of you e. Overhead c. To your right f. Don't remember</p>	

8. IF you saw the object at NIGHT, what did you notice concerning the STARS and MOON?

8.1 STARS (Circle One):

- a. None
- b. A few
- c. Many
- d. Don't remember

8.2 MOON (Circle One):

- a. Bright moonlight
- b. Dull moonlight
- c. No moonlight - pitch dark
- d. Don't remember

9. What were the weather conditions at the time you saw the object?

CLOUDS (Circle One):

- a. Clear sky
- b. Hazy
- c. Scattered clouds
- d. Thick or heavy clouds

WEATHER (Circle One):

- a. Dry
- b. Fog, mist, or light rain
- c. Moderate or heavy rain
- d. Snow
- e. Don't remember

10. The object appeared: (Circle One):

- a. Solid
- b. Transparent
- c. Vapor
- d. As a light
- e. Don't remember

11. If it appeared as a light, was it brighter than the brightest stars? (Circle One):

- a. Brighter
- b. Dimmer
- c. About the same
- d. Don't know

11.1 Compare brightness to some common object:

an average light bulb

12. The edges of the object were:

- (Circle One):
- a. Fuzzy or blurred
 - b. Like a bright star
 - c. Sharply outlined
 - d. Don't remember

e. Other _____

13. Did the object:

(Circle One for each question)

- | | | | |
|---|-----|----|------------|
| a. Appear to stand still at any time? | Yes | No | Don't know |
| b. Suddenly speed up and rush away at any time? | Yes | No | Don't know |
| c. Break up into parts or explode? | Yes | No | Don't know |
| d. Give off smoke? | Yes | No | Don't know |
| e. Change brightness? | Yes | No | Don't know |
| f. Change shape? | Yes | No | Don't know |
| g. Flash or flicker? | Yes | No | Don't know |
| h. Disappear and reappear? | Yes | No | Don't know |

14. Did the object disappear while you were watching it? If so, how?

No

15. Did the object move behind something at any time, particularly a cloud?

(Circle One):

☒ Yes

☐ No

☐ Don't Know.

IF you answered YES, then tell what

it moved behind:

Mountain range behind
Mountain

16. Did the object move in front of something at any time, particularly a cloud?

(Circle One):

☐ Yes

☒ No

☐ Don't Know.

IF you answered YES, then tell what

in front of:

17. Tell in a few words the following things about the object:

a. Sound

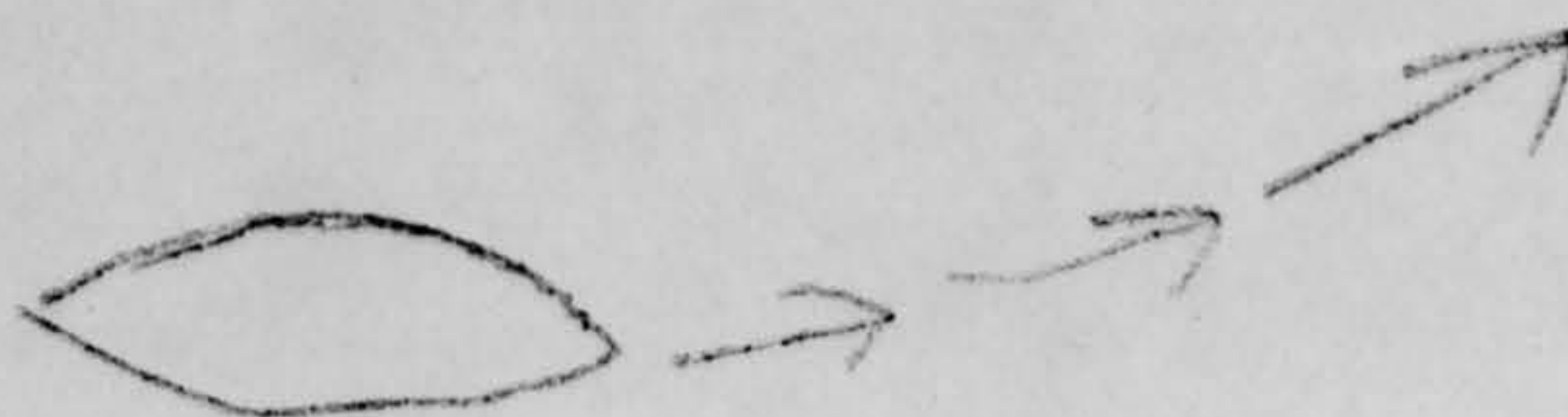
b. Color

Nothing
Gray

18. We wish to know the angular size. Hold a match stick at arm's length in line with a known object and note how much of the object is covered by the head of the match. If you had performed this experiment at the time of the sighting, how much of the object would have been covered by the match head?

A little bit

19. Draw a picture that will show the shape of the object or objects. Label and include in your sketch any details of the object that you saw such as wings, protrusions, etc., and especially exhaust trails or vapor trails. Place an arrow beside the drawing to show the direction the object was moving.



20. Do you think you can estimate the speed of the object?

(Circle One)

Yes

☒ No

IF you answered YES, then what speed would you estimate? _____

21. Do you think you can estimate how far away from you the object was?

(Circle One)

☒ Yes

No

IF you answered YES, then how far away would you say it was? 1 mile

22. Where were you located when you saw the object?

(Circle One):

- a. Inside a building
- b. In a car
- c. Outdoors
- d. In an airplane (type)
- e. At sea
- f. Other Small town

23. Were you (Circle One)

- a. In the business section of a city?
- b. In the residential section of a city?
- c. In open countryside?
- d. Near an airfield?
- e. Flying over a city?
- f. Flying over open country?

☒ g. Other Small town residential

24. IF you were MOVING IN AN AUTOMOBILE or other vehicle at the time, then complete the following questions:

24.1 What direction were you moving? (Circle One)

a. North

c. East

e. ☒ South

g. West

b. Northeast

d. Southeast

f. Southwest

h. Northwest

24.2 How fast were you moving? 40 miles per hour.

24.3 Did you stop at any time while you were looking at the object?

(Circle One)

Yes

☒ No

25. Did you observe the object through any of the following?

a. Eyeglasses

Yes

☒ No

e. Binoculars

Yes

☒ No

b. Sun glasses

Yes

☒ No

f. Telescope

Yes

☒ No

c. Windshield

Yes

☒ No

g. Theodolite

Yes

☒ No

d. Window glass

Yes

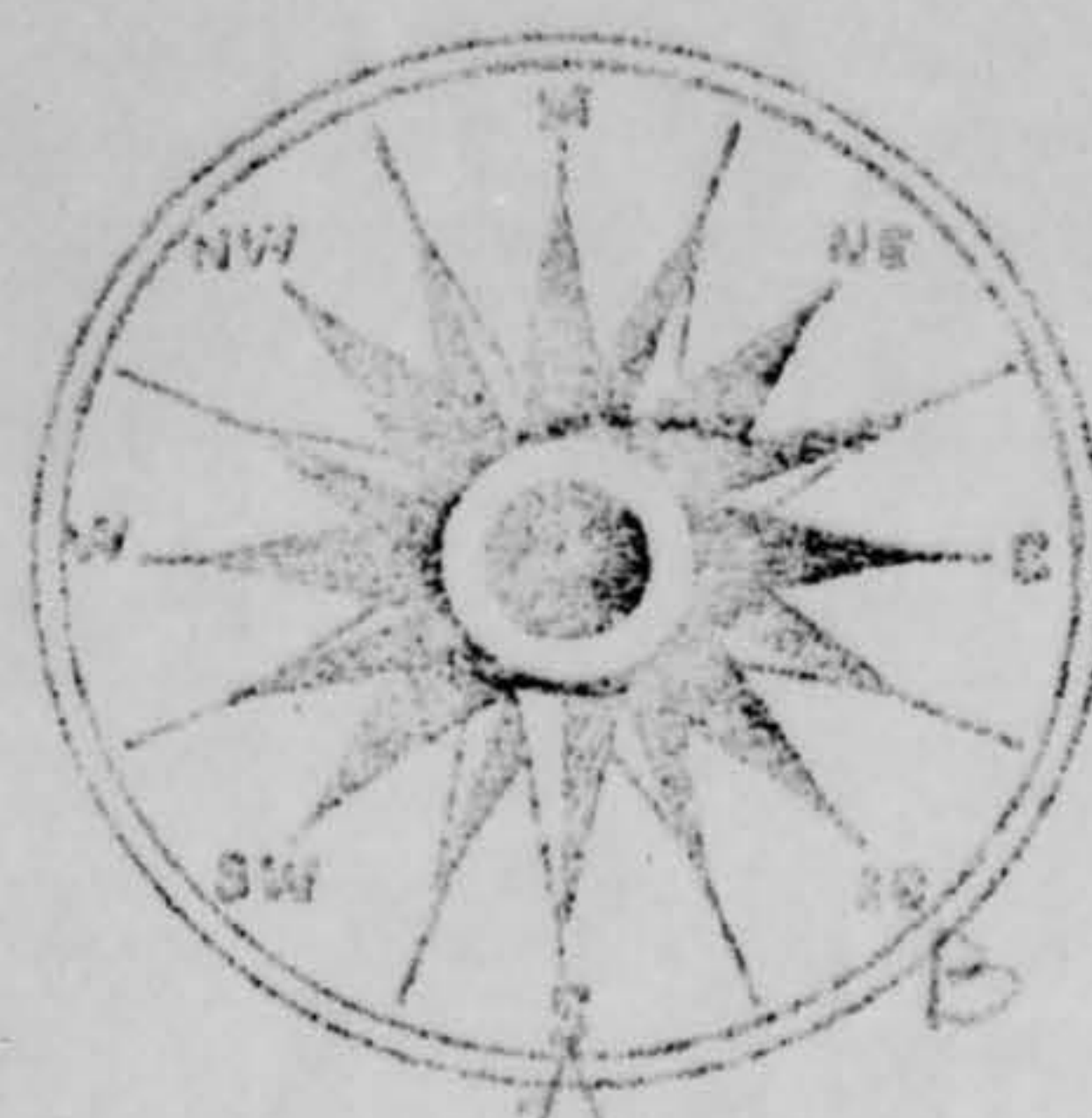
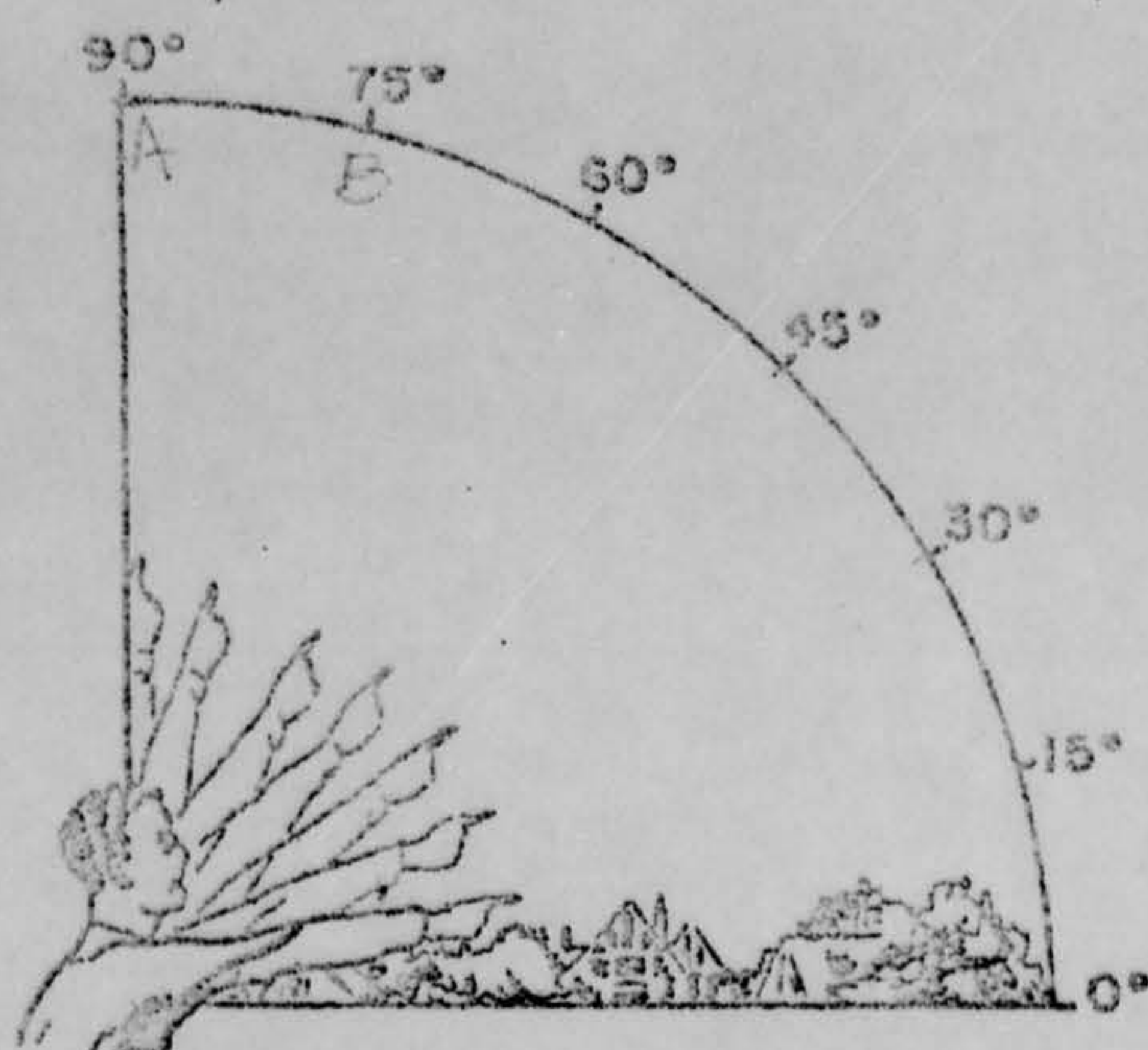
☒ No

h. Other _____

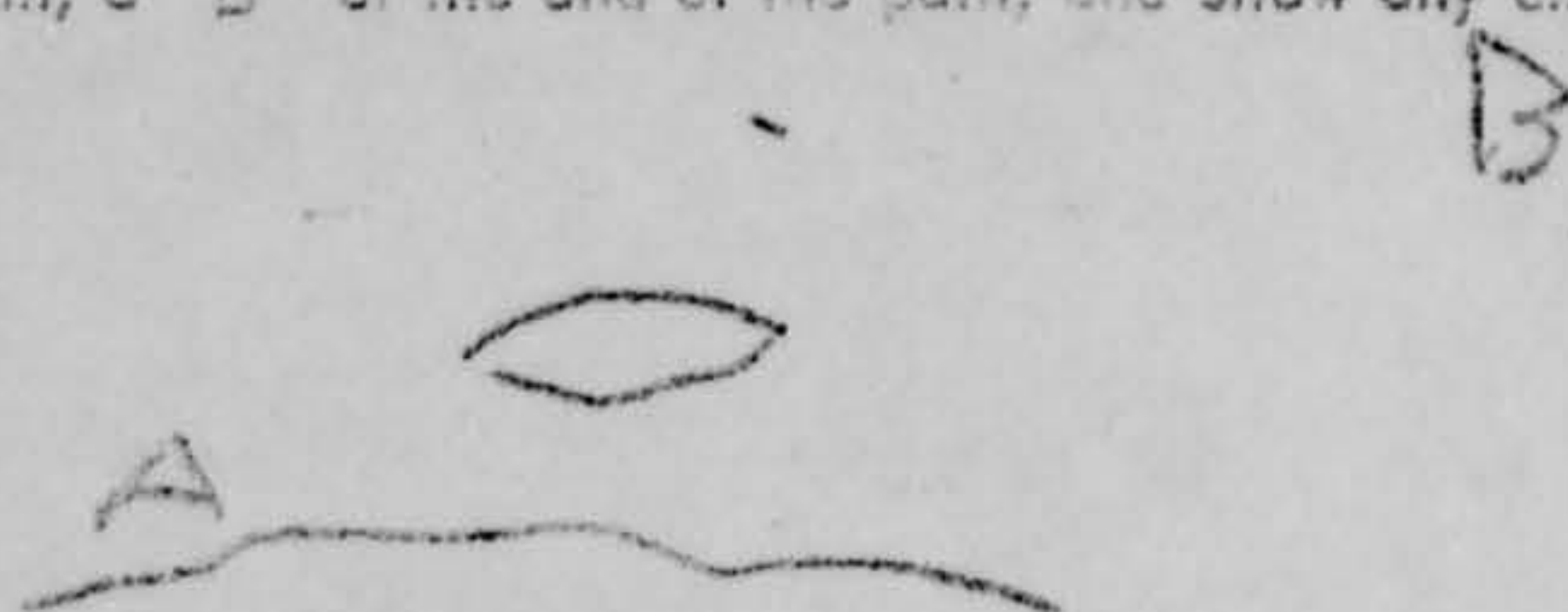
26. In order that you can give as clear a picture as possible of what you saw, describe in your own words a common object or objects which, when placed up in the sky, would give the same appearance as the object which you saw.

Comet

27. In the following sketch, imagine that you are at the point shown. Place an "A" on the curved line to show how high the object was above the horizon (skyline) when you first saw it. Place a "B" on the same curved line to show how high the object was above the horizon (skyline) when you last saw it. Place an "A" on the compass when you first saw it. Place a "B" on the compass where you last saw the object.



28. Draw a picture that will show the motion that the object or objects made. Place an "A" at the beginning of the path, a "B" at the end of the path, and show any changes in direction during the course.



29. IF there was MORE THAN ONE object, then how many were there? _____
Draw a picture of how they were arranged, and put an arrow to show the direction that they were traveling.

30. Have you ever seen this, or a similar object before. If so give date or dates and location.

31. Was anyone else with you at the time you saw the object? (Circle One) ☒ Yes ☐ No

31.1 IF you answered YES, did they see the object too? (Circle One) ☒ Yes ☐ No

31.2 Please list their names and addresses:

[REDACTED]

32. Please give the following information about yourself:

NAME

LAST Name

FIRST Name

MIDDLE Name

ADDRESS

Street

City

Zone

State

TELEPHONE NUMBER

AGE

SEX

Indicate any additional information about yourself, including any special experience, which might be pertinent.

33. When and to whom did you report that you had seen the object?

Day

Month

Year